

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK9:05-cv-1097
TJM/GJD

KEVIN GAMBLE Plaintiff

v.

OFFICER J. ISAACS Defendant(s)

APPLICATION TO PROCEED
WITHOUT FULL PREPAYMENT
OF FEES; AFFIDAVIT AND
AUTHORIZATION TO PROCEED N.D. OF N.Y.

ON FORM N.D. OF N.Y.

FILED

CASE NUMBER	
AUG 31 2005	
AT	O'CLOCK
Lawrence K. Baeman, Clerk - Syracuse	

1. KEVIN GAMBLE declare that I am the (check appropriate box) petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint / petition / motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: Yes No (If "No" go to Part 2)

If "Yes" state the place of your incarceration: ELMIRA CORRECTIONAL FACILITY

Are you employed at the institution? Yes No

Do you receive any payment from same? Yes No

Notice to

Inmates: The Certificate portion of this affidavit must be completed.

2. Are you currently employed?: Yes No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take home salary or wages and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

d. Disability or workers compensation payments Yes No

e. Gifts or inheritances Yes No

f. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source of money and state the amount received **and** what you expect you will continue to receive.

4. Do you have any cash, checking or savings accounts? Yes No

If "Yes" state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or **any other assets?** Yes No

If "Yes" describe the property and state its value (attach additional sheets as necessary):

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

8-19-05

DATE

Mr. Kevin Hanlik
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by appropriate official at the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____

I further certify that the applicant has the following securities to his/her credit:

_____. I further certify that **during the past six months** the applicant's average balance was \$ _____.

DATE

SIGNATURE OF AUTHORIZED OFFICER